CHILDREN PLACED BY DISTRICT COURT
Instructions for the Completion of this Form
Due: August 1, 2006
Complete one line for each child for whom this claim is submitted.

Column #

1. Name of Child — Be cognizant of the fact that only children whose parents rights have been terminated are eligible for this reimbursement.

2. Birthdate — Please provide the child's date of birth.

3. Date of Placement — Date of court placement in a facility or home located within the boundaries of the school district named on this claim form.

4. Social Security Number – Please provide the child's social security number.

5. Certified Weighting — Weighting certified by the AEA Director of Special Education (1.72, 2.21, or 3.74, 2005-06 school year).

6. Program Model or Level of Service — Special Education Program Model: Resource Teaching Program (RTP 1.72), Special Class with Integration (SCIN 1.72), Self-Contained Class 2.21 (SCC 2.21), Preschool Handicapped 2.21 (PS 2.21), Self-Contained Class 3.74 (SCC 3.74), or Preschool Handicapped 3.74 (PS 3.74). Level of Service: Level I - 1.72, Level II - 2.21, or Level III - 3.74.

7. Actual Per Pupil Cost — Actual per pupil cost as calculated on the back side of this form by Verification I or Verification II method. **Note**: Follow same procedures for the completion of Verification I and II as you would for the completion of the 2005-06 LEA Certified Annual Report, Web Special Education Supplement, Screen 10 - Expenditures.

8. Number of School Days in Program — Number of days the child was enrolled in the school district named on this claim.

9. Actual Instructional Costs —
    -If Verification I method was used to calculate the Actual Per Pupil Cost, multiply the Actual Per Pupil Cost (Column 6) times the number of days in the program (Column 7) then divide by 180 days. Enter this amount in Column 8.
    -If Verification II method was used to calculate the actual per pupil cost, enter that amount in Column 8 (Column 6 will be equal to Column 8).
    -Total Column 8 and enter as "Total Amount of Claim."

   These forms must be mailed and postmarked no later than August 1, 2006 to:
   > Steve Crew
   > Department of Education
   > Grimes State Office Building
   > Des Moines, IA 50319-0146

State of Iowa
Department of Education
Bureau of Children, Families and Community Services
Grimes State Office Building
Des Moines, Iowa 50319-0146

Date Filed: _____

SPECIAL EDUCATION CHILDREN PLACED BY DISTRICT COURT UNDER THE PROVISIONS OF SECTION 282.29, THE CODE.
CLAIM AGAINST STATE OF IOWA

I, _____, submit this claim in behalf of
(Name of Superintendent)

AEA#   District

_____
(Name of School District)

The following children, identified and weighted as requiring special education, **HAVING PARENTAL RIGHTS TERMINATED** and placed in a facility or home within the boundaries of the above-named school district by the district court of _____, were provided special education programs and services on the same basis as children requiring special education who are residents of the above-named school district.

Name of Child	Birthdate	Date of Court Placement	Social Security Number	Certified Weighting	Program Model or Level of Service	Actual Per Pupil Cost	Number of School Days in Program	Actual Instructional Costs Col. 7 x Col. 8 180
1	2	3	4	5	6	7	8	9
							Total Amount of Claim	

We, the undersigned Superintendent of the _____ School District of _____, and Special Education Director of Area Education Agency _____ state that all items in this claim submitted are, to the best of our knowledge, accurate and in accordance with Section 282.29, The Code.

_____
(Signature of Superintendent)

Name & Phone Number of person to contact
if BCFCS has any questions:
Name:_____ Phone:_____

_____
(Signature of AEA Special Education Director)

I. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR PROGRAMS PROVIDED BY CLAIMANT DISTRICT   DUE DATE: AUGUST 1, 2006

	Resource Teaching Program (1)	Special Class with Integration (2)	Self-Contained Class (3)	Preschool Handicapped (4)	Self-Contained (5)	Preschool Handicapped (6)
	1.72	1.72	2.21	2.21	3.74	3.74
Salaries (Instructional Only)						
Employee Benefits (Instructional only)						
Employee Travel						
Supplies and Materials						
Contracted Services (Non-tuition)						
Pupil Transportation						
Capital Outlay						
SUBTOTAL Number of Pupils Served (Resident + Nonresident) FTE						
A - SPECIAL EDUCATION Program Per Pupil Cost. **(SUBTOTAL DIVIDED BY FTE)**						
B - General Program Expenditure **Calculation** (See Worksheet included in this packet)						

	RTP 1.72 (1)	**SCIN 1.72 (2)**	**SCC 2.21 (3)**	**PS 2.21 (4)**	**SCC 3.74 (5)**	**PS 3.74 (6)**
Actual Program Per Pupil Cost (A + B)						

II. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR "CERTAIN SPECIAL EDUCATION PUPILS" TUITIONED OUT BY CLAIMAINT DISTRICT

A. Contracted Services for Instructional Program (Tuition)						
B. Pupil Transportation for Tuition-Out Pupils						
C. Actual Per Pupil Cost (for District Court Placed Pupils Tuitioned Out) [A+B]						

I. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR PROGRAMS PROVIDED BY CLAIMANT DISTRICT   **DUE DATE: AUGUST 1, 2006**

	Level I 1.72 (1)	Level II 2.21 (2)	Level III 3.74 (3)
Salaries (Instructional Only)			
Employee Benefits (Instructional only)			
Employee Travel			
Supplies and Materials			
Contracted Services (Non-tuition)			
Pupil Transportation			
Capital Outlay			
SUBTOTAL			
Number of Pupils Served (Resident + Nonresident) FTE			
A - SPECIAL EDUCATION Program Per Pupil Cost. **(SUBTOTAL DIVIDED BY FTE)**			
B - General Program Expenditure **Calculation** (See Worksheet included in this packet)			
Actual Program Per Pupil Cost (A + B)			

II. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR "CERTAIN SPECIAL EDUCATION STUDENTS" TUITIONED OUT BY CLAIMAINT DISTRICT

A. Contracted Services for Instructional Program (Tuition)			
B. Pupil Transportation for Tuition-Out Pupils			
C. Actual Per Pupil Cost (for District Court Placed Pupils Tuitioned Out) [A+B]			

CHILDREN LIVING IN FOSTER CARE FACILITY
Instructions for the Completion of this Form

"Complete one line for each **child for whom this claim is submitted."**

Column #

1. Name of Child - Eligible children are those for whom a resident district cannot be established, who are not included in the October 2004 weighted enrollment of any district, and for whom payment has not been made by any district.

2. Birthdate - Please provide the child's date of birth.

3. Date of Placement - Date of placement in a state-supported institution, charitable institution, or boarding home which does not maintain a school.

4. Certified Weighting - Weighting certified by the AEA Director of Special Education (1.72, 2.21, or 3.74, 2005-06 school year).

5. Program Model or Level of Service - Special Education Program Model: Resource Teaching Program (RTP 1.72), Special Class with Integration (SCIN 1.72), Self Contained Class 2.21 (SCC 2.21), Preschool Handicapped 2.21 (PS 2.21), Self-Contained Class 3.74 (SCC 3.74), or Preschool Handicapped 3.74 (PS 3.74). Level of Service: Level I -1.72, Level II - 2.21, or Level III - 3.74.

6. Actual Per Pupil Cost - Actual per pupil cost as calculated on the back side of this form by Verification I or Verification II method. Note: Follow same procedures for the completion of Verification I and II as you would for the completion of the 2005-06 LEA Certified Annual Report, Web Special Education Supplement, Screen 10 - Expenditures.

7. Number of School Days in Program - Number of days the child was enrolled in the school district named on this claim.

8. Actual Instructional Costs
   - If Verification I method was used to calculate the Actual Per Pupil Cost, multiply the Actual Per Pupil Cost (Column 6) times the number of days in the program (Column 7) then divide by 180. Enter the amount in Column 8.
   - If Verification II method was used to calculate the actual per pupil cost, enter that amount in Column 8 (Column 6 will be equal to Column 8).
   - Total Column 8 and enter as "Total Amount of Claim."

These **forms must be mailed and postmarked no later than <u>August 1, 2006</u> to:**

> Steve Crew
> Department of Education
> Grimes State Office Building
> Des Moines, IA 50319-0146

State of Iowa
Department of Education
Bureau of Children, Families and Community Services
Grimes State Office Building
Des Moines, Iowa 50319-0146

Date Filed:_____

SPECIAL EDUCATION CHILDREN LIVING IN FOSTER CARE FACILITY AS DEFINED BY SECTION 282.19, THE CODE.
CLAIM AGAINST STATE OF IOWA

AEA #	District	

_____ located in _____ , Iowa submit this claim
(Name of School District)   (City)

for the following children requiring special education who were provided special education programs and services by this school district. These same children were not counted in the weighed enrollment of any district under Section 282.19 and payment has not been made by any district for the programs and services provided by this claimant district.

Name of Child	Birthdate	Date of Court Placement	Certified Weighting	Program Model or Level of Service	Actual Per Pupil Cost	Number of School Days in Program	Actual Instructional Costs Col. 6 x Col. 7 180
1	2	3	4	5	6	7	8
						Total Amount of Claim	

I, the undersigned Superintendent of the _____ School District of _____,
state that all items in this claim submitted are, to the best of my knowledge, accurate and in accordance with Section 282.19, The Code.

Name & Phone Number of person to contact   _____
if BCFCS has any questions: (Signature of Superintendent)

Name:_____ Phone:_____   _____
                              (Signature of AEA Special Education Director)

I. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR PROGRAMS PROVIDED BY CLAIMANT DISTRICT   **DUE DATE: AUGUST 1, 2006**

	Resource Teaching Program (1)	Special Class with Integration (2)	Self-Contained Class (3)	Preschool Handicapped (4)	Self-Contained (5)	Preschool Handicapped (6)
	1.72	1.72	2.21	2.21	3.74	3.74
Salaries (Instructional Only)						
Employee Benefits (Instructional only)						
Employee Travel						
Supplies and Materials						
Contracted Services (Non-tuition)						
Pupil Transportation						
Capital Outlay						
SUBTOTAL Number of Pupils Served (Resident + Nonresident) FTE						
A - SPECIAL EDUCATION Program Per Pupil Cost. **(SUBTOTAL DIVIDED BY FTE)**						
B - General Program Expenditure **Calculation** (See Worksheet included in this packet)						

	RTP 1.72 (1)	**SCIN 1.72 (2)**	**SCC 2.21 (3)**	**PS 2.21 (4)**	**SCC 3.74 (5)**	**PS 3.74 (6)**
Actual Program Per Pupil Cost (A + B)						

II. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR "CERTAIN SPECIAL EDUCATION PUPILS" TUITIONED OUT BY CLAIMAINT DISTRICT

A. Contracted Services for Instructional Program (Tuition)						
B. Pupil Transportation for Tuition-Out Pupils						
C. Actual Per Pupil Cost (for District Court Placed Pupils Tuitioned Out) [A+B]						

I. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR PROGRAMS PROVIDED BY CLAIMANT DISTRICT   **DUE DATE: AUGUST 1, 2006**

	Level I 1.72 (1)	Level II 2.21 (2)	Level III 3.74 (3)
Salaries (Instructional Only)			
Employee Benefits (Instructional only)			
Employee Travel			
Supplies and Materials			
Contracted Services (Non-tuition)			
Pupil Transportation			
Capital Outlay			
SUBTOTAL Number of Pupils Served (Resident + Nonresident) FTE			

	Level I	Level II	Level III
A - SPECIAL EDUCATION Program Per Pupil Cost. **(SUBTOTAL DIVIDED BY FTE)**			
B - General Program Expenditure **Calculation** (See Worksheet included in this packet)			

	Level I 1.72 (1)	**Level II 2.21 (2)**	**Level III 3.74 (3)**
Actual Program Per Pupil Cost (A + B)			

II. VERIFICATION OF ACTUAL PER PUPIL COSTS FOR "CERTAIN SPECIAL EDUCATION STUDENTS" TUITIONED OUT BY CLAIMAINT DISTRICT

A. Contracted Services for Instructional Program (Tuition)			
B. Pupil Transportation for Tuition-Out Pupils			
C. Actual Per Pupil Cost (for District Court Placed Pupils Tuitioned Out) [A+B]			

HOUSE FILE 2155
AN ACT RELATING TO PUBLIC SCHOOL SERVICES PROVIDED TO CHILDREN ATTENDING NONPUBLIC SCHOOLS
Section 256.12, subsection 2, Code Supplement 1993

However, services that are made available shall be provided on neutral sites, or in mobile units located off the nonpublic school premises as determined by the boards of the school districts and area education agencies providing the services, and not on nonpublic school property, except for health services, and diagnostic services for speech, hearing, and psychological purposes, <u>and assistance with physical and communication needs of students with physical disabilities, and services of an educational interpreter, which may be provided on nonpublic school premises</u>, with the permission of the lawful custodian. (emphasis added)

Students enrolled in nonpublic schools who receive services pursuant to this subsection shall be weighted at the level provided for section 256B.9, subsection I.

A local school district providing services pursuant to this subsection shall submit an accounting to the department of education by August 1 following the school year for the actual costs of the special education programs and services provided. The department shall review and approve or modify the accounting by September 1 and shall notify the department of revenue and finance of the approved accounting amount. The department of revenue and finance shall adjust the September payment to the local school district for the next fiscal year by the difference between the amount generated by the weighting for the provision of services to nonpublic school students, as provided this subsection, and the amount of the actual costs as reflected in the local school district's accounting. Any amount paid by the department of revenue and finance shall be deducted monthly from the state foundation aid paid under section 257.16 during that fiscal year to all school districts in the state. The portion of the total amount of the approved accounting amount that shall be deducted from the state aid of a school district shall be the same as the ratio that the budget enrollment for the budget year of the school district bears to the total budget enrollment in the state for that budget year.

This form must be mailed and postmarked no later than August 1, 2006 to:

Steve Crew
Department of Education
Grimes State Office Building
Des Moines, IA 50319-0146

PUBLIC SCHOOL SERVICES PROVIDED TO CHILDREN
ATTENDING NONPUBLIC SCHOOLS AS DEFINED
BY SECTION 256.12, THE CODE
CLAIM AGAINST STATE OF IOWA

Date Filed:_____

I. Student Information

Name of Child	Birthdate	Cert. Wtg. Oct. 2004	Cert. Wtg. Oct. 2005	Actual Costs
1	2	3	4	5

II. Verification of actual costs for public school services provided to a child
attending a nonpublic school

Salaries	$
Employee Benefits	$
Employee Travel	$
Supplies and Materials	$
Contracted Services (Non-tuition)	$
Pupil Transportation	$
Capital Outlay	$
TOTAL	$

III. The difference between the amount generated by the weighting for the provision of services to this
nonpublic school student and the amount of the actual costs as reflected in the local school district's accounting.

A. Actual costs for the provision of special education instructional services in **2005-06** (As reported in **Item II Total** above)	$
B. The amount generated by the October **2004** weighting of this student (Oct. 2004 additional weight multiplied by the 2005-06 District Per Pupil Cost)	$
C. Difference between amount generated and actual costs, (B-A) *** If the difference is negative, this is the claim amount for reimbursement. If the difference is positive do not submit this claim.**	$

We, the undersigned Superintendent of the _____ _____School District, and Special Education Director of Area Education Agency state that all items in
this claim submitted are, to the best of my knowledge, accurate and in accordance with Section 256.12, The Code.

Name & phone number of the person
to contact if BCFCS has any questions: _____
Name: _____   (Signature of Superintendent)

Phone: _____   _____
                                                   (Signature of AEA Special Ed Director)

General Program Expenditures Worksheets

Worksheet to calculate General Program Expenditures for Rules Based Program Models Only

Worksheet A for General Program Expenditures Per Pupil Calculation for Rules Based Models

		Percentage of District Cost Per Pupil to Apply (1)	District Cost Per Pupil (2)	General Program Expenditure Per Pupil Col 1 x Col 2 (3)
SA 1.72	1	100%		
RTP 1.72	2	100%		
SCIN 1.72	3	47%		
SA 2.21	4	100%		
SCC 2.21	5	32%		
PS 2.21	6	32%		
SA 3.74	7	100%		
SCC 3.74	8	27%		
PS 3.74	9	27%		

Worksheet B to check calculation of General Program Expenditures.

Compare total headcount of resident students enrolled in district with total resident students served in district under whole grade sharing.		Head count of resident students enrolled.	Resident students served in district under whole grade sharing.	Enter $ amount from Col 3 of Worksheet A (above).	Lesser Number of Cols 1 or 2	General Program Expenditures Column 3 times Column 4.
Programs		(1)	(2)	(3)	(4)	(5)
SA 1.72	1					
RTP 1.72	2					
SCIN 1.72	3					
SA 2.21	4					
SCC 2.21	5					
PS 2.21	6					
SA 3.74	7					
SCC 3.74	8					
PS 3.74	9					

Worksheets to calculate General Program Expenditures for Approved District Developed Delivery System Only.

Worksheet A for General Program Expenditures Per Pupil Calculation for Levels

		Percentage of District Cost Per Pupil to Apply (1)	District Cost Per Pupil (2)	General Program Expenditure Per Pupil Col 1 x Col 2 (3)
Level I 1.72	10			
Level II 2.21	11	32%		
Level III 3.74	12	27%		

Worksheet B to check calculation of General Program Expenditures.

Compare total headcount of resident students enrolled in district with total resident students served in district under whole grade sharing.		Head count of resident students enrolled.	Resident students served in district under whole grade sharing.	Enter $ amount from Col 3 of Worksheet A (above).	Lesser Number of Cols 1 or 2	General Program Expenditures Column 3 times Column 4.
Level I 1.72	10					
Level II 2.21	11					
Level III 3.74	12					